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**WASHINGTON STATE  
OFFICE OF PUBLIC DEFENSE**

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## **MEMORANDUM**

**TO:** County and City Officials, Presiding Judges, Public Defense Directors and Coordinators

**FROM:** Kathy Kuriyama, Public Defense Services Manager

**DATE:** June 9, 2010

**RE:** Court Indigency Screening

The Office of Public Defense (OPD) is providing this notice pursuant to RCW 10.101.020 (6).

OPD reviewed local court indigency screening forms. A number of the courts are using forms that do not reflect current law. The following is a summary of changes in the law that should be incorporated into local screening forms.

- Engrossed Second Substitute House Bill 2782, Chapter 8, Laws of 2010, 61<sup>st</sup> Legislature, 2010, section 4 in the definitions section substituted “general assistance” with “disability lifeline benefits” and defined the “disability lifeline program.”
- Engrossed Second Substitute Senate Bill 5688, Chapter 521, Laws of 2009, 61<sup>st</sup> Legislature, 2009, an act relating to further expanding the rights and responsibilities of state registered domestic partners, added a new section to Chapter 10.101 RCW-Indigent Defense Services. The new section expanded the term “spouse” to also include individuals in a state registered domestic partnership.
- Laws of 1998, ch. 79 section 2, in the definitions of “Indigent” in subsec. (1)(a), following “food stamps” inserted “or food stamp benefits transferred electronically”.
- Laws 1997, ch. 59 section 1, in subsec. (1)(a), substituted “Temporary assistance for needy families” for “Aid to families with dependent children”.
- Laws 1997, ch. 41, section 5, in the first sentence of subsec. (6), following “on a form prescribed by the office of” substituted “public defense” for “the administrator for the courts”.

The attached screening form incorporates the above changes. If you have any questions, please contact me at (360) 586-3164, extension 114 or [kathy.kuriyama@opd.wa.gov](mailto:kathy.kuriyama@opd.wa.gov).

## INDIGENCY SCREENING FORM

**CONFIDENTIAL**

[Per RCW 10.101.020(3)]

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Place an "x" next to any of the following types of assistance you receive:

<input type="checkbox"/> Welfare	<input type="checkbox"/> Poverty Related Veterans' Benefits
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Temporary Assistance for Needy Families
<input type="checkbox"/> SSI	<input type="checkbox"/> Refugee Settlement Benefits
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Disability Lifeline Benefits
<input type="checkbox"/> Other – Please Describe _____	

***{If you marked an "x" by any of the above, please stop here and sign at # 15 below.}***2. Do you work or have a job? ☐ yes ☐ no. If so, take-home pay: \$ \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's name &amp; phone #: \_\_\_\_\_

3. Do you have a spouse or state registered domestic partner who lives with you? ☐ yes ☐ noDoes she/he work? ☐ yes ☐ no If so, take-home pay: \$ \_\_\_\_\_

Employer's name: \_\_\_\_\_

4. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation? ☐ yes ☐ no

If so, which one? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

5. Do you receive money from any other source? ☐ yes ☐ no If so, how much? \$ \_\_\_\_\_6. Do you have children residing with you? ☐ yes ☐ no. If so, how many? \_\_\_\_\_

7. Including yourself, how many people in your household do you support? \_\_\_\_\_

8. Do you own a home? ☐ yes ☐ no. If so, value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_9. Do you own a vehicle(s)? ☐ yes ☐ no. If so, year(s) and model(s) of your

vehicle(s): \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

10. How much money do you have in checking/saving account(s)? \$\_\_\_\_\_
11. How much money do you have in stocks, bonds, or other investments? \$\_\_\_\_\_
12. How much are your routine living expenses (rent, food, utilities, transportation) \$\_\_\_\_\_
13. Other than routine living expenses such as rent, utilities, food, etc., do you have other expenses such as child support payments, court-ordered fines or medical bills, etc.? If so, describe: \_\_\_\_\_
14. Do you have money available to hire a private attorney? \_\_\_\_yes \_\_\_\_no
15. ***Please read and sign the following:***

**I understand the court may ask for verification of the information provided above.  
I agree to immediately report any change in my financial status to the court.**

**"I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
City State

**FOR COURT USE ONLY - DETERMINATION OF INDIGENCY**

- \_\_\_\_\_ Eligible for a public defender at no expense
- \_\_\_\_\_ Eligible for a public defender but must contribute \$\_\_\_\_\_
- \_\_\_\_\_ Re-screen in future regarding change of income (e.g. defendant works seasonally)
- \_\_\_\_\_ Not eligible for a public defender

\_\_\_\_\_  
JUDGE